

FOR OFFICE USE

Received by: _____
I-Approval: _____Payment: WI, M, Ph.
Issue On: _____CC/Check #: _____
Permit: _____Amount: _____
Expires On: _____Receipt: _____
S-Approval: _____

Neighborhood Services Department

CODE COMPLIANCE

630 East Hopkins, San Marcos, Texas 78666

Phone (512) 393-8440

City website: www.sanmarcostx.gov / Email: Health_info@sanmarcostx.gov<http://www.ci.san-marcos.tx.us/index.aspx?page=129>

Mobile Food Unit: Operational Permit Application

Business Information

*Note: Incomplete applications will not be processed and will be returned*Permit Type: [] Restricted (pre-packaged foods) [] Unrestricted (open foods) *ALL MOBILE FOOD UNIT(S) MUST BE PHYSICALLY PRESENT TO RECEIVE A PERMIT*

Business Name: _____

Business Type: _____ Org Type: [] Corporation [] LLC [] Partnership [] Proprietorship

Renewal Mailing Address: _____
Street (Include Suite/Unit) City State Zip Code

Mobile Unit Information

NOTE: PERMITS ARE NOT TRANSFERABLE

MF Unit Type: () Motor Vehicle () Trailer () Other _____ VIN: _____

Make: _____ Model: _____ Year: _____ Color: _____

License Plate: _____ State: _____ Number of Employees: _____

List of All Menu item(s): _____

Contact Information

Note: Print complete legal names as they appear on Government Issued Photo ID(s)

Business Owner: _____ Date of Birth: ____ / ____ / ____

Mailing Address: _____
Street (Include Suite/Unit) City State Zip CodeDriver's License: _____ / _____ Phone: _____ Email: _____
Gov't issued DL/ID # State (###) ### - #### Most current and accurate email addressResponsible Party: _____ Date of Birth: ____ / ____ / ____
() Check if same as above (If not, this person assumes Owner's responsibilities for document submissions and the permitted establishment)Mailing Address: _____
Street (Include Suite/Unit) City State Zip CodeDriver's License: _____ / _____ Phone: _____ Email: _____
Gov't issued DL/ID # State (###) ### - #### Most current and accurate email address

Food Manager Certificate (FMC) Information

FMC Name: _____ Date of Birth: ____ / ____ / ____

Mailing Address: _____
Street (Include Suite/Unit) City State Zip CodeFMC #: _____ Phone: _____ Email: _____
Certificate number on card (###) ### - #### Most current and accurate email address

DO NOT MAIL CASH PAYMENTS

*Payment Forms Accepted: Cash, Check, Money Order, Visa, Mastercard, Discover cards accepted**Make checks and money orders payable to: City of San Marcos*

Mailed payments must accompany completed applications with all required documentation. No incomplete applications will be processed. Payment applications submitted by mail to Neighborhood Services Division – Code Compliance, 630 E Hopkins St. San Marcos, TX 78666, or in person at same location. For customers submitting via email please note that a representative will contact you by phone to collect a credit card payment within 2 business days of submission (please do not write any credit card information on the email application). For email questions: Health_info@sanmarcostx.gov All CPF and Application fees are non-refundable. Must fill signature line completely.

Signature below is required for processing.

Applicant's Signature (Or signer for Owner) _____ Printed Name _____ Date _____
I acknowledge that all information supplied above is true and correct to the best of my knowledge and belief. I further acknowledge that the permit, for which I am applying, is subject to all provisions of the orders and ordinances of the City of San Marcos, and all of the provisions of the codes, statutes and rules adopted under the codes and statutes of the State of Texas governing food establishments.

Mobile Food Unit (MFU) Responsibilities

NOTE: NO HOME-PREPARED FOODS ALLOWED ON MFU AT ANY TIME.

1. **The Operation:**
Must adhere to State and Local rules/ordinances governing mobile food unit operation at all times.
2. **Central Preparation Facility:**
Use your Permitted **Central Preparation Facility (CPF)** to service your unit. The mobile vendor's owner must also possess a separate, valid Food Establishment permit at the CPF location in order to prepare or handle food at the CPF. Maintain a CPF log sheet, documenting all visits to the CPF, and store the log in the mobile vending unit at all times. All log sheets must be accessible for review at the request of the inspecting Sanitarian at all times.
3. **Home Prepared Food:**
DO NOT SERVE FOOD PREPARED AT A HOME TO THE PUBLIC.
4. **Food Manager/Food Handler:**
Must Post/Maintain at least one (1) employee's original, valid Food Manager Certificate (FMC) at all times on Unrestricted Units. Maintain documentation showing *all other employees* have completed a state approved Food Handler Training Course within the last two (2) years.
5. **External Equipment:**
Do not use external equipment. *All equipment MUST be located within or on the mobile unit at all times*, including propane tanks. Have the equipment properly enclosed at all times.
6. **Refrigeration & Heating:**
Units must contain adequate hot & cold food storage facilities to maintain food at the required temperatures.
Hold hot foods at 135°F or above. Store cold foods at 41°F or below.
7. **Thermometer:**
Provide metal stem dial thermometers with a range of 0-220°F and accurate to +/- 2°F on all units that prepare food, in order to monitor food temperatures. Place additional thermometers in all refrigeration/cold-hold units.
8. **Labeling:**
Properly label all pre-packaged, self-service food items offered in adherence with the Texas Food Establishment Rules requirements.
9. **Mobility:**
Maintain a state of mobile readiness at all times. The health authority may prohibit alteration, removal, attachments, placement or change in, under, or upon the mobile food establishment that would prevent or otherwise reduce ready mobility.
10. **Utilities/Water:**
Do not attach permanent utilities (i.e. plumbing, gas, electrical, water) the unit. Do not attach a water hose or any other permanent water supply to the unit.
11. **Holding Tanks:**
Install permanent, properly sized holding tanks for fresh water and wastewater in each unit. Tanks must allow valve access to the exterior of the unit for operators to empty/fill the tanks. Operator must ensure that emptying and/or filling the tank does not contaminate the surrounding ground surfaces or the mobile unit; and/or create breeding grounds for insects or unsanitary conditions at any time.
12. **Hot & Cold Water:**
Maintain a safe and secure water supply for Unrestricted Units. Hot and cold water must be available under pressure for immediate use to all sinks at all times of operation.
13. **Handwashing:**
Supply Soap, Single Use Towels and Hot Water under pressure to hand sinks at all times.
14. **Zoning:**
Contact the City of San Marcos Permit Center and the Planning & Development Department for an approval of your proposed MFU's parking location (a detailed site map of propose location may be required).

Signature below is required for processing.

Applicant's Signature (Or signer for Owner)

Printed Name

Date

I have read/understand the items of responsibility listed above and agree to comply with all requirements as listed. I understand that any observed violation of or deviation from these requirements may result in suspension of my permit and/or legal actions, such as charges court charges filed.



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Central Preparation (Prep) Facility (CPF) Contract

Is this out of City of San Marcos jurisdiction?

[] Yes [] No (See the bottom of the page)

Are you the owner of both the CPF & mobile business?

[] Yes [] No

Are you the owner of Central Prep Facility?

[] Yes [] No

This agreement between the permitted Central Prep Facility (CPF) owner and the mobile food unit signifies that both parties agree to the mobile vendor's **access, and to the use** of the services **identified** below in a manner consistent with all City of San Marcos rules, regulations, ordinances, and/or guidelines. The City of San Marcos will not recognize any transfer of this agreement to food service facilities or persons not specifically identified in this agreement.

Fixed Food Establishment (FFE) providing Central Prep Facility support to qualify for a Permit to Operate

Name of FFE:	Permit #:
FFE Owner:	Expire Date:
Mailing address Phone number(s):	
Business days & hours:	

The following services will be provided by the commissary:

Approved water supply	[] Yes [] No	Handwashing sink	[] Yes [] No
Approved waste water disposal	[] Yes [] No	Food preparation sink for vegetables	[] Yes [] No
Garbage disposal	[] Yes [] No	Food preparation sink for raw meats	[] Yes [] No
Dry storage for food and single service	[] Yes [] No	Approved 3-compartment sink	[] Yes [] No
Refrigeration space [] cubic feet	[] Yes [] No	Approved restroom access	[] Yes [] No
Freezer space [] cubic feet	[] Yes [] No	Entrance key for after-hours access	[] Yes [] No
Ice in pounds per day [] lbs.	[] Yes [] No [] N/A		

Days & Hours you will use CPF (circle all): Sun. Mon. Tues. Wed. Thu. Fri. Sat. Time: _____ AM/PM to _____ AM/PM

I verify the information provided in this agreement is accurate and we are responsible to comply with the Texas Department of State Health Services (TDSHS) TFER's and the City of San Marcos Food Code Chapter 18 and will allow access for inspection during business hours for either business.

CPF Name:	CPF Address:	
Business Hours:	CPF Responsible Party:	
CPF Phone:		
Printed name of CPF Owner	Signature of CPF Owner	Date
Printed name of Food Service Establishment Owner	Signature of Food Service Establishment Owner	Date

TO BE COMPLETED BY THE HEALTH JURISDICTION OUTSIDE OF THE CITY OF SAN MARCOS, TEXAS.

The CPF is located in _____ jurisdiction. The above food facility meets the CPF requirements and are responsible to comply with the Texas Department of State Health Services (TDSHS) TFER's and the City of San Marcos Food Code Chapter 18. The above checked services are available at the stated CPF. Please notify the City of San Marcos Neighborhood Services Department - Code Compliance Division and should submit a minimum of 2 inspection reports along with the current jurisdiction permit information.

Health Official Signature: _____ Print Name: _____
Date: _____ Business Phone: _____ **NO HOME-PREPARED FOODS ALLOWED**



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Restroom Facility Agreement for Mobile Food Unit (MFU)

All City of San Marcos Mobile Food Units are required to submit and maintain a current Restroom Facility Agreement for each location where the mobile unit will operate for longer than two (2) hours. This agreement confirms availability of a restroom, during the hours of operation, for staff, within 200' feet of the sales site location. If there is a failure to maintain a current Restroom Facility Agreement with this department, for any sales location in which you operate the mobile food unit, this violation may result in permit suspension and/or filing of legal charges.

- Mobile Food Unit Vendors that intend to access restroom facilities of a store front or other similar establishment must have the top portion of this form signed by the owner or responsible party of that establishment.

- **Non-commercial and /or Residential facilities DO NOT fulfill this requirement.**

Fixed Establishment Restroom Facility Agreement

Restroom letter for: _____
(Name of MFU)

I, _____ have an agreement with _____
(Owner name of Restroom facility) (Owner name of MFU)

giving _____ and his/her employees the right to use the restrooms
(Name of MFU)

at _____ located at _____
(Name Restroom facility) (Address of Restroom facility)

The hours that I allow the restroom to be used are: _____

[] These hours are during my normal operating hours.

[] These hours are outside my normal operating hours. I have provided afterhours access by [_____]
(keyed, combo entry, etc ...)

This agreement begins [_____], I am not responsible for any actions of [_____]
(Date) (Name of Owner of MFU)

outside of my establishment that may terminate my agreement with [_____]
(Name of MFU)

for [_____]
(Reason for termination of agreement)

Printed Name of Business Owner/Responsible Party

Signature of Name of Business Owner/Responsible Party

Contact current Email

Contact phone

Date

Printed Name of Mobile Vending Unit Owner/Responsible Party

Signature of Name Mobile Vending Unit Owner/Responsible Party

Date

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Wastewater Hauler Agreement

All City of San Marcos Mobile Food Unit (MFU) Owners are required to submit and maintain a current Central Prep Facility and Restroom Facility Agreement for the operation of a MFU. However, this courtesy agreement allows an Owner of a MFU to apply for a Wastewater Hauler Agreement, see below for specifications for applying for this such agreement.

- Mobile Food Unit Owners that intend to contract a TCEQ Licensed Liquid Waste Hauler Company (*for wastewater only*) for a documented scheduled contractual agreement must have the following:
 - Have bottom portion of this form signed by the owner or responsible party of the Mobile Food Unit
 - Retain copies of all manifests and made available during any inspections.
 - Submit a copy of contractual agreement between MFU Owner and the TCEQ Licensed Hauler with the scheduled dates agreed on.
 - All requested documents turned in prior to initial inspection of MFU.

➤ ***Non-commercial and /or Residential facilities DO NOT fulfill this requirement.***

TCEQ Licensed Hauler Agreement

I, _____, owner/responsible party for _____
Printed Name of Mobile Food Unit Owner/Responsible Party Printed Name of Mobile Food Unit

will adhere to the above requirements of the Wastewater Hauler Agreement when in operation for more than four (4) consecutive hours at a single location; or when my wastewater tank is at full capacity. If at any time my wastewater tank is at full capacity during my hours of operation I agree to close my MFU business and dispose of my wastewater at my Central Prep Facility (CPF).

_____ which will be routinely serviced by _____
Address of mobile vending food unit site Printed Name of TCEQ Licensed Liquid Waste Hauler Company & #

and will be located and maintained in adherence to all **local zoning** and **code regulations**. I understand that any observations of violations such as but not limited to no current approved Wastewater Hauler Agreement or my wastewater tank at full capacity. Constitutes failure to maintain the current Wastewater Hauler Agreement with this department and this violation may result in permit suspension and/or filing of legal charges by the City of San Marcos.

Signature of Mobile Vending Unit Owner/Responsible Party

Printed Name Mobile Vending Unit Owner/Responsible Party

Date

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Walk-in Location: 630 E. Hopkins St. (Behind Financial and Permit Center)

Mobile Food Vendor Itinerary Sheet

All City of San Marcos Mobile Food Vendors are required to submit and maintain a current itinerary sheet detailing all vending locations, hours of operation at these locations and Central Preparation Facility (CPF) service visits. If any changes are to be made regarding the itinerary on file (i.e. changes to vending locations, times, or CPF visits) then an updated itinerary must be submitted to this department prior to enactment of the changes. Failure to maintain a current, valid itinerary with this department may result in permit suspension and/or filing of legal charges.

Mobile Food Unit Name: _____

Owner's Name: _____

Owner's Phone Number: _____

Itinerary Valid for the Following Dates: _____ to _____

Please fill out table completely, incomplete Itinerary will not be accepted.

Vending Location Address	Day at Location (Circle All That Apply)	Start Time	End Time
	Sun. Mon. Tue. Wed. Thu. Fri. Sat.	AM PM	AM PM
	Sun. Mon. Tue. Wed. Thu. Fri. Sat.		
	Sun. Mon. Tue. Wed. Thu. Fri. Sat.		
	Sun. Mon. Tue. Wed. Thu. Fri. Sat.		
	Sun. Mon. Tue. Wed. Thu. Fri. Sat.		
	Sun. Mon. Tue. Wed. Thu. Fri. Sat.		
	Sun. Mon. Tue. Wed. Thu. Fri. Sat.		

(Please submit additional itinerary pages if needed.)

Print Owner/Responsible Party of MFU

Signature of Owner/Responsible Party of MFU

Date

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AFFIDAVIT

THE STATE OF TEXAS

COUNTY OF _____

PRINT the name of the county where this statement is being notarized.

BEFORE ME, the undersigned authority, on this day personally appeared

_____, who

PRINT the first and last names of the person who will sign this statement.

swore or affirmed to tell truth, and stated as follows:

"My name is _____.

PRINT the first and last names of the person who will sign this statement.

I am of sound mind and capable of making this sworn statement. I have personal knowledge of

the facts written in this statement. I understand that if I lie in this statement I may be held

criminally responsible. This statement is true.

- **I have answered all questions as true statements on the City of San Marcos Mobile Food Unit application and all necessary documents required for obtaining a Mobile Food Unit permit to operate in the City of San Marcos.**

The person who has personal knowledge of this statement must sign it.

*****DO NOT SIGN this statement until you are in front of a notary*****

State of Texas

County of _____

[name of county where statement is notarized.]

SWORN to and SUBSCRIBED before me, the undersigned authority, on

the _____ day of _____, _____ year, by

PRINT the first and last names of the person who is signing this affidavit.

Notary Public, State of Texas [Notary's signature.]

Notary's seal must be included.